

100750
2017

IN
MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone: (916) 445-2021

WEBSITE ADDRESS:
<http://ag.ca.gov/charities/>

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



State Charity Registration Number <u>100750</u> WELLSPRING WOMEN'S CENTER <small>Name of Organization</small> <u>3414 4TH AVENUE</u> <small>Address (Number and Street)</small> <u>SACRAMENTO, CA 95817</u> <small>City or Town</small> <small>State</small> <small>ZIP Code</small>		Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>1954130</u> Federal Employer I.D. No. <u>91-1752615</u>	
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts			
Gross Annual Revenue Less than \$25,000 Between \$25,000 and \$100,000	Fee 0 \$25	Gross Annual Revenue Between \$100,001 and \$250,000 Between \$250,001 and \$1 million	Fee \$50 \$75
		Gross Annual Revenue Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million	Fee \$150 \$225 \$300
PART A – ACTIVITIES For your most recent full accounting period (beginning <u>10/01/16</u> ending <u>9/30/17</u>) list: Gross annual revenue \$ <u>802,696.</u> Total assets \$ <u>1,128,159.</u>			
PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT Note: If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.			
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Organization's area code and telephone number <u>(916) 454-9688</u>			
Organization's e-mail address <u>WELLSPRINGWOMEN@COMCAST.NET</u>			
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.			
<u>Genelle Smith</u> <small>Signature of authorized officer</small>		GENELLE SMITH <small>Printed Name</small>	INTERIM ED <small>Title</small>
		02-20 2018 <small>Date</small>	

STATEMENT 1
FORM RRF-1, PART B, LINE 9
AUDITED FINANCIAL STATEMENTS

WELLSPRING HAD A FINANCIAL AUDIT COMPLETED FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2017, BY FRITZSCHE ASSOCIATES, INC IN FEBRUARY 2018.